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ABSTRACT

The participant's manual contains activity direction for a teacher workshop focusing on the interrelationship between regular and special education, service delivery systems for intervention, and attitude of acceptance toward exceptional children. Activities correspond to the ten workshop objectives: to define the concept of mainstreaming, to write a rationale for mainstream education, to compare and contrast mainstream education with traditional special programs, to describe the various instructional models and the role relationships of personnel within each, to become aware of the way in which differences set people apart, to describe the classifications and characteristics of special students, to compare and contrast academic information versus labels as aids in planning for instruction, to appreciate the sense of being "different" as experienced by special students, to describe the ways in which expectations and stereotypes of others affect responses/learning/relationships, and to identify positive characteristics in labeled special students. The bulk of the document provides definitions, behavioral characteristics, educational treatment, and readings related to specific exceptionalities. (SB)

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PARTICIPANT'S MANUAL

ACTIVITY DIRECTIONS
EXCEPTIONAL CHILD COMPONENT

ROCKY MOUNTAIN TEACHER CORPS NETWORK
VERL O. CAZIER, EXECUTIVE SECRETARY

INTERRELATIONSHIP BETWEEN REGULAR AND SPECIAL EDUCATION

SERVICE DELIVERY SYSTEMS FOR INTERVENTION

ATTITUDE OF ACCEPTANCE TOWARD EXCEPTIONAL CHILDREN

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INTRODUCTION

In the past, the educational options open to the special student included either segregated special placement or no placement at all. In response to the changing focus of education for exceptional children, educators have expanded the options for delivery of services. Mainstream education is one of those options. The result is that now regular educators become active members of a team responsible for meeting the educational needs of handicapped students.

The Teacher Training Program focuses on skills, concepts and attitudes necessary to the regular educator to successfully mainstream handicapped students into the regular classroom. Specifically the program addresses the issues of individualizing instruction, utilizing alternative behavior management strategies and interfacing the regular and special educator.

Throughout the training session, you, as participants, will look at the teaching/learning relationship. Opportunities will be provided for examining relationships with particular types of learners and assessing their strengths and weaknesses. You will be asked to identify areas of conflict, seek alternative solutions, and to practice selected skills. The training program will provide laboratory experiences and skill-development exercises as well as define implementation processes and techniques to use in your own classroom.

In the first phase, the concept of mainstream education will be defined and a rationale for its implementation will be developed. During this phase you will also examine the various instructional models that have evolved and the role relationships of personnel within each model.

Expectations, stereotypes, and labels and the effects that they have on learning and self-concept are also examined in Phase I. You will get in touch with differences and experience values clarification in regard to people who are "different." You will also be given specific discriptive information on the handicapping conditions of the students who are likely to be mainstreamed. Phase I is facilitator directed.

As a participant you will be asked to become actively involved in the various discussions and small group activities described in this manual. You will be asked to work independently, in small groups and in a large group.

To assist you with the various tasks described in this manual a variety of resource materials is provided:

1. When appropriate, activities include written sources that will be useful. These sources are located following task directions.
2. A variety of media, i.e., filmstrip/tapes, audio cassettes, transparencies, print materials will be used to provide input for accomplishing various problems and tasks.

The workshop is designed as a high involvement experience. Participants will be asked to gather data through independent reading, group sharing, viewing of audio-visual materials, and other activities. The success of the training package will depend on your willingness to involve yourself in the data-gathering/sharing process and then in the group problem-solving endeavors.

OBJECTIVES

1. TO DEFINE THE CONCEPT OF MAINSTREAMING
2. TO WRITE A RATIONALE FOR MAINSTREAM EDUCATION
3. TO COMPARE AND CONTRAST MAINSTREAM EDUCATION WITH TRADITIONAL SPECIAL PROGRAMS
4. TO DESCRIBE THE VARIOUS INSTRUCTIONAL MODELS AND THE ROLE RELATIONSHIPS OF PERSONNEL WITHIN EACH
5. TO BECOME AWARE OF THE WAYS IN WHICH DIFFERENCES SET PEOPLE APART
6. DESCRIBE THE CLASSIFICATIONS AND CHARACTERISTICS OF SPECIAL STUDENTS
7. TO COMPARE AND CONTRAST ACADEMIC INFORMATION VERSUS LABELS AS AIDS IN PLANNING FOR INSTRUCTION
8. TO APPRECIATE THE SENSE OF BEING "DIFFERENT" AS EXPERIENCED BY SPECIAL STUDENTS
9. TO DESCRIBE THE WAYS IN WHICH EXPECTATIONS AND STEREOTYPES OF OTHERS AFFECT RESPONSES/LEARNING/RELATIONSHIPS
10. TO IDENTIFY POSITIVE CHARACTERISTICS IN LABELED SPECIAL STUDENTS

AS USED IN THIS WORKSHOP, THE TERM "SPECIAL EDUCATION PROGRAMS" OR "SPECIAL PROGRAMS" REFERS TO ANY CLASS OR INSTRUCTIONAL PROGRAM OPERATED BY A STATE OR LOCAL EDUCATION AGENCY TO MEET THE NEEDS OF CHILDREN WITH ANY MENTAL, PHYSICAL, OR EMOTIONAL EXCEPTIONALITY INCLUDING, BUT NOT LIMITED TO, CHILDREN WHO ARE MENTALLY RETARDED, GIFTED AND TALENTED, EMOTIONALLY DISTURBED OR SOCIALLY MALADJUSTED, HARD OF HEARING, DEAF, SPEECH-IMPAIRED, VISUALLY HANDICAPPED, ORTHOPEDICALLY HANDICAPPED, OR TO CHILDREN WITH OTHER HEALTH IMPAIRMENTS OR SPECIFIC LEARNING DISABILITIES.

ACTIVITY DIRECTIONS

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What Is Mainstreaming?

Objective 1: To define the concept of mainstreaming

Activity 4 — 30 minutes

TASK DIRECTIONS

In the small group discuss your personal perception of mainstream education for 5-10 minutes. Record these definitions in the space below.

After viewing the filmstrip "Mainstreaming: Challenge for the 70's," refine the first ideas generated and reach group concensus on the definition of mainstream education. Write the definition below.

Ideas generated in small group discussion:

Consensus definition of mainstream education:

Rationale For Mainstreaming

Objective 2: To write a rationale for mainstream education

Activity 1 20 minutes

TASK DIRECTIONS

In your small group discuss reasons for mainstreaming special students. After 10 minutes, stop the discussion and each task group member independently write a rationale for mainstream education in the space below.

Be prepared to share your rationales with the large group in 10 minutes.

Ideas from Discussion:

Rationale for Mainstream Education

What's the Difference?

Objective 3: To compare and contrast mainstream education with traditional special programs for exceptional children

Activity 1 20 minutes

TASK DIRECTIONS

Use the Viewpoint Grid to record ideas expressed during large group discussion.

VIEWPOINT GRID:

Special Education Teacher or Special Program Teacher	Regular Teacher
Non-Exceptional Student	Exceptional student
Parent of non-Exceptional Student	Parent of Exceptional Student

Mainstreaming Models: Roles and Relationships

Objective 4: To describe various instructional models and the role relationships of personnel within each

Activity 1 45 minutes

TASK DIRECTIONS

Examine the Data Retrieval Grid on the following page. Using at least three of the resources listed below. Familiarize yourself with the Resource Teacher Model, the Diagnostic Teacher Model and the Consulting Teacher Model and complete the grid.

The examination of the resources and the completion of the grid may be done independently or in pairs. Be prepared for large group discussion in 30-40 minutes.

RESOURCES:

Filmstrip/tape: "Special Education Delivery System Models"

Audio tape: "Canyon Middle School Interview"

Articles: "The Diagnostic/Prescriptive Teacher"
"The Harrison School Center: A Public School-University Cooperative Resource Program"
"An Introduction to A Regular Classroom Approach to Special Education"

Transparencies: #8-11

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DATA RETREIVAL GRID

Objective 4, Activity 1

	Resource	Diagnostic	Consulting
Special Educator 1) Role	Works directly with special student on special learning needs. Works with regular teacher to implement education plan.		
2) Space Requirements			
3) Materials/Equipment			
Regular Educator 1) Role		Maintains special student in regular classroom. Implements educational plan, refers student to diagnostic room.	
2) Type of assistance from special teacher			
Special Students 1) Number served			Assist many students through their teachers
2) Scheduling			
3) Referal	By classroom teachers or other professionals		
Special Considerations Cooperative planning time-what is discussed by regular and special educator			

Mainstream Models: Roles and Relationships

Objective 4, Activity 3 15 minutes

TASK DIRECTIONS

It is important to note that rarely are the three models employed in a "purist" form. Most schools modify or combine the various models as they relate to their specific needs. Two such cases are described on the following page. Read the case studies and be prepared for large group discussion of the advantages and disadvantages of the two models. Space for notes from the discussion is provided below.

ADVANTAGES:	DISADVANTAGES:
Florida Plan:	
Texas Plan:	

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FLORIDA CASE STUDY

In an elementary school serving 900 students, the three special educators function in different roles. Within the school, there is a resource room maintained by one of the special teachers. His/her responsibility is to provide special assistance to students who have not been diagnosed and/or who are in the process of being re-evaluated, a second special teacher is called on to take responsibility for diagnostic/prescriptive teaching. The third special teacher operates in a consulting role to regular classroom teachers. His/her responsibility includes providing assistance to those teachers who have special students in their classrooms. Depending upon the type of service required to assist particular students, a regular teacher may call upon any or all of the three special teachers.

TEXAS CASE STUDY

A Texas Middle School provides services in another way. Each learning community has a special educator assigned to that team. He/she works directly in the planning for and teaching of all students. Periodically, the team meets to evaluate the needs of the students. During these meetings, the role of the special educator is determined. For example, a few students are having difficulty with a specific concept/skill; the special educator might work with the small group for a period of time until the skill/concept is mastered. In another instance, the team might decide that a specific group of students requires additional testing in order to identify strengths and weaknesses. The special educator then takes the responsibility for diagnosing and prescribing. The special educator, as a member of the team also functions as a consultant in the areas of special education students, individualizing instruction and so on.

Mainstreamin, Models: Roles and Relationships

Objective 4, Activity 4 10 minutes

TASK DIRECTIONS

In the space below, write a brief description of how your school serves exceptional studetns. Include in your description the role of the special and regular educator.

After writing, discuss in the small group the various ways (as represented by the group members) the needs of exceptional students are met. Discuss strengths and weaknesses of your school models, identify problems, and share successes.

SCHOOL SERVICE DELIVERY MODEL DESCRIPTION:

Mainstreaming Models: Roles and Relationships

Objective 4, Activity 5 20 minutes

TASK DIRECTIONS

Working in groups of three, complete an educational checklist for both of the case students described below. Examine the following "Educational Checklists" for Ran and Shannon. Complete a checklist for each student by identifying whether the task described is something the regular teacher could or would be willing to do (R), one that would be completed by the special education teacher (S), or a task that would probably be cooperatively shared (C).

Below each checklist is a space provided for describing the best model for delivering services to that specific student. In determining the model or combination of models that would best serve the student, consider the severity of the handicap, the strengths/weaknesses of the student, and the competencies needed by the regular and special educator.

Be prepared for large group sharing in 20 minutes.

CASE STUDENTS:

Ran suffers from an auditory discrimination problem. In school this 9 year old boy has difficulty following verbal directions, hearing sounds of letters, and distinguishing musical tones. He is achieving on grade level in mathematics, social studies and science; however, his inability to discriminate sounds has resulted in poor word attack skills. The hearing test pointed to a slight hearing loss.

Shannon, a highly intelligent, 13 year old is a student in an inner city school. Her life history is filled with person rejection, school fialure and a general lack of trust. She tested at a low 4th grade level but refuses to admit that she has any need for help. Shannon's general attitude os one of moodiness, anger and suspicion. During her first year at Johnston Middle School the only time she would work in class was with a teacher close by at her desk, helping her almost before she asked for it.

Educational Checklist for Ran

These are various tasks that must be completed for the case student. Indicate whether the task could best be done by regular educator, R; special educator, S; or shared by both, C.

____ write educational plan
____ schedule into resource room
____ monitor lunch
____ teach reading
____ give instructional assistance
____ serve on student support team
____ re-test
____ refer student for testing
____ supervise play
____ interpret test results
____ identify resources for working with special student
____ complete cumulative folder
____ teach social studies
____ match strategy to learning style
____ give diagnostic test in content area
____ implement educational plan
____ write contract with student
____ have student for 70% of day
____ give ideas for remedial work
____ adapt resource materials
____ determine reading level
____ identify commonalities with other students
____ report to principal progress of student
____ report to parents student progress
____ conduct small group activities
____ group for instruction
____ responsible for education of special student
____ administer intellectual assessment

Describe model that would best deliver services to Ran:

Educational Checklist for Shannon

These are various tasks that must be completed for the case student. Indicate whether the task could best be done by regular, R; special, S; shared, C.

____ write educational plan
____ schedule into the resource room
____ monitor lunch
____ teach reading
____ give instructional assistance
____ serve on student support team
____ re-test
____ refer student for testing
____ supervise play
____ interpret test results
____ complete cumulative folder
____ match strategy to learning style
____ implement educational plan
____ identify resources for working with special students
____ have student for 70% of day

_____ give ideas for remedial work
_____ adapt resources materials
_____ determine reading level
_____ identify commonalities with other students
_____ report to principal progress of student
_____ report to parents student progress
_____ conduct small groups
_____ give WISC test
_____ group for instruction
_____ administer intellectual assessment
_____ teach social studies
_____ give diagnostic test in content area
_____ write contract with student
_____ responsible for education of special student

Describe model that would best deliver services to Shannon:

Considering Differences

Objective 5: To become aware of the ways in which differences set people apart.

Activity 2 — 20 minutes

TASK DIRECTIONS

After listening to the tape "The Child Who Was Considered Different," form into groups of 6. Discuss the issue of "differences" using the following questions to guide you in your discussion. Before beginning, select a recorder for the group to write down the group's responses when appropriate. These will be shared with the large group after the exercise.

DISCUSSION QUESTIONS:

1. What were your general thoughts and reactions to the fable?

2. What are some of the kinds of "differences" that tend to set some people apart from others (e.g. physical differences, others)? Record your responses.

3. Why do you think people begin to be seen in terms of their differences instead of the attributes and characteristics they hold in common with others? (e.g., he is blind; she is Black; he is cerebral palsied, etc.) Record your responses.

4. Why do you think those who are perceived as "different" tend to make others that they are "different from" uncomfortable? Record your responses.

Objective 6: To describe the classifications and characteristics of special students.

Activity 1 15 minutes

TASK DIRECTIONS

Your mission is to find out what your label is. There are six possible labels.

TMR	-	Trainably Mentally Retarded
EMR	-	Educable Mentally Retarded
MBI	-	Minimally Brain Injured
LD	-	Learning Disabled
ED	-	Emotionally Disabled
PH	-	Physically Handicapped
G & T	-	Gifted and Talented

By asking questions of your partner, determine what you have been labeled. Your questions must elicit descriptions of behavior related to your label, e.g. "What kind of difficulties do I seem to have with learning?" You may not ask "Am I an LD?" or any other question that would simply confirm the label.

Use the space below for note taking during discussion.

Labeling is Disabling

Objective 6: To describe the classifications and characteristics of special students.

Activity 1

TASK DIRECTIONS

Form into "cross-disability" groups; include at least one person who was labeled(in the previous activity) EMR, one TMR, one PH, one ED, LD, and one MBI. Each person collect data on his/her disability category from the following articles and record the information from it below. After all the group have completed their data collection assignment, each person share his/her information with the others in the group.

As each member reports out, compare the information with the Stereotype Profiles perviously posted. Discuss similarities, differences, and stereotypes that emerge; notice where the data and Profile conflict.

Label category_____

Definition of term:

Identifying Behavioral Characteristics:

Educational Treatment:

Comparison with Stereotype Profile:

EDUCABLE MENTALLY RETARDED (EMR)

DEFINITION

EMR students have been defined as

> those pupils who experienced so much difficulty progressing through general education because they developed intellectually at only about one-half to three-quarters the rate of average children (I.Q. 50-75) that they required special education services.(1)

According to this definition, most EMR students have the potential to become literate, that is, to achieve, upon reaching maturity, at between third and seventh grade levels in academic work.

Kirk's definition of the educable mentally retarded child stresses the potentialities for development:

> (1) minimum educability in the academic subjects of the school, (2) social adjustment to such a point that he can get along independently in the community, and (3) minimum occupational adequacy to such a degree that he can later support himself partially or totally at the adult level.(2)

Mental retardation is not necessarily a permanent condition; rather, it is a set of current behaviors marked by subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and exhibited during the development period. (3)

Grossman specified three levels of adaptive behavior -- that is, the effectiveness with which an individual meets standards of personal independence and social responsibility according to average expectations for age and culture:

> 1. <u>During Infancy and Early Childhood</u>: sensory-motor skills development, communication skills (including speech and language), self-help skills, socialization (development of ability to interact with others).
>
> 2. <u>During Childhood and Early Adolescence</u>: application of basic academic skills of daily life activities application of appropriate reasoning and judgement in mastery of the environment, and social skills (participation in group activities and interpersonal relationships.)
>
> 3. <u>During Late Adolescence and Adult Life</u>: vocational and social responsibilities and performance. (4)

BEHAVIORAL CHARACTERISTICS

Social-emotional adjustment problems are evident among EMR students, but the problems follow no specific pattern. EMRs mature more slowly, giving rise to poor social judgement and immature behavior. They are not socially accepted in general and may be outright rejected. They also hold low self-concepts and experience anxiety associated with frequent or chronic failure. Expectancy of failure leads to behavior problems, often hostility, unless adequate motivation and reward are provided. Adequate auditory discriminations are developed by EMR students, but at a slower rate than that of average students. Delays occur in developing skills such as visual perception, eye-hand coordination, and other areas, which present problems in learning to read, write and do arithmetic. Speech and language deficiency is also connected to low intelligence.

BEHAVIORAL CHARACTERISTICS (CONT.)

EMR children are not usually recognized as mentally retarded until they enter school.(5) Because of limited language development, an unusually high percentage of minority children are placed erroneously in EMR classes. Scores on tests that have been standardized on white, middle-class American students are not reliable for racially and culturally different children. These children are often classified as mentally retarded when in fact the low scores are the result of language and cultural differences. Precise diagnosis by aware psychometrists is essential. Litigation now requires testing in the primary language of children with focus on performance rather than verbal scores.

EDUCATIONAL TREATMENT

"The ultimate purpose of educating mentally retarded children is to help them to adjust to the community at the adult level as social participants and wage earners,"(6) living lives as typical as possible of their normal peers. General goals are much the same as for average children with specific attention being given to the attainment of a style of like, adequate responses to social, personal, and occupational situations, civic responsibility, self-realization, human relationships, a repertoire of general information retrievable quickly and appropriately; the effective use of a consistent method of problem solving; and conceptual rather than rote understandings.(7)

Historically, arts and crafts have played a large role in the education of EMR children, with a later emphasis on adjustment and occupational preparation. Today's interest in career education should greatly benefit EMR students. "Units of instruction" and the "core curriculum" became important when EMR students began to be placed in self-contained settings. Currently, many models focus on practical goals to assist the EMR student in dealing with life situations in concrete terms. One instructional program developed by the Cincinnati Public Schools is outlined below:

I. Learning to Keep Healthy
II. Learning to Live Safely
III. Learning to Communicate Ideas
IV. Learning to Solve Quantitative Problems
V. Learning to Be a Responsible Citizen
VI. Learning Homemaking and Family Living
VII. Learning to Understand Oneself and to Get Along with Others
VIII. Learning to Understand the Physical Environment
IX. Learning to Appreciate, Create, and Enjoy Beauty
X. Learning to Use Leisure Time Wisely
XI. Learning to Earn a Living
XII. Learning to Move About (8)

Teachers should:

1. Establish simply stated objectives with small quantities of materials to be learned.
2. Be flexible in selecting and sequencing instruction.
3. Focus on a specific target or goal and eliminate distractions.
4. Lead the student step-by-step through tasks, no matter how small each step may have to be for the student to achieve success.
5. Provide frequent feedback to reassure and encourage students. (Programmed materials and teaching machines are good for this reason. In addition, good programs do proceed in small steps.)

EDUCATIONAL TREATMENT (CONT.)

6. Provide practical, concrete, first-hand experiences as often as possible.

7. Devise a variety of approaches for teaching the same concept, avoiding drill which is tedious and meaningless for EMR children.

8. Emphasize the student's stronger learning modality while strengthening modalities that are weak.

9. Schedule frequent review and reinforcement, enabling the student to maintain previously learned skills.

(1) Dunn, Hoyd M., editor, Exceptional Children in the Schools, New York: Holt, Rinehart and Winston, 1973 p.127.

(2) Kirk, Samuel A., Educating Exceptional Children, Boston: Houghton Mifflin Company, 1962 p.191.

(3) Haring, Norris G., editor, Behavior of Exceptional Children, Columbus, Ohio: Charles B. Merrill, 1974 p.306.

(4) Grossman, Herbert, J., Manual on Terminology and Classification in Mental Retardation, 1973 Revision.

(5) Kirk, p.191.

(6) Kirk, P.206.

(7) Haring, P.339.

(8) Haring, p.342.

TRAINABLE MENTALLY RETARDED (TMR)

DEFINITION

"The trainable mentally retarded child has been defined as one who, because of subnormal intelligence is not capable of learning in classes for the educable mentally retarded."(1) but who is capable of caring for his own personal needs, doing household tasks, learning common dangers, traveling within the community he is familiar with, developing social skills, doing simple one-step tasks, and following directions in a sheltered workshop setting. He is not capable of employment in the competitive job fields, of academic functioning, or of living on his own." Thus (trainable mental retardates) "cannot be expected to do general classwork because they are incapable of learning academic skills, such as reading and arithmetic beyond the learning of some simple words and numbers."(2)

The severity of their retardation ranges from moderate to severe with I.Q.s of 52 to 20 (3) based on individual tests (4) administered by psychologists trained and experienced in the diagnosis of mental retardation. The mental development of TMRs is between 1/4 and 1/2 that of an average child. As adults they range from 3.5 to 7.5 years old in mental age. (5)

Because it has been assumed that children in this "category" cannot learn as much as other children, they have often been denied the opportunity to learn. Therefore, a different kind of definition is now being considered, the emphasis being on the "Level of Adaptive Behavior" shown; that is, the "effectiveness of degree with which the individual meets the standards of personal independence and social responsiblity expected of his age and cultural group." Expectations vary for different age groups; so deficits in adaptive behavior will vary at different ages.

Grossman indicated the following areas in which deficits in adaptive behavior may be reflected: (6)

1. During Infancy and Childhood: a) sensory motor skills development; b) communication skills (including speech and language); c) slef-help skills; d) socialization (development of ability to interact with others).

2. During Childhood and Early Adolescence: a) application of basic academic skills in daily life activities; b) application of appropriate reasoning and judgement in mastery of the environment; and c) social skills (participation in group activities and interpersonal relationships).

3. During Late Adolescence and Adult Life: vocational and social responsibilities and performances.

BEHAVIORAL CHARACTERISTICS

The majority of TMR children, like other children with varying degrees of retardation and other types of impairment, can be identified at an early age, often birth or shortly thereafter, by alert observers. In most cases, the children's development of motor and language skills falls below normal limits on developmental scales. Slowness in learning to sit and walk, awkwardness and lack of coordination usually send concerned parents to doctors and/or psychologists for diagnosis.

TMR behavior, most often seem in Down's Syndrome (also known as mongoloidism), occurs with variations in other children who have also suffered brain damage from birth injuries, failure of the brain to attain normal size and faulty

BEHAVIORAL CHARACTERISTICS (CONT.)

development of cerebral tissue, the accumulation of an abnormal amount of cerebrospinal fluid within the cranium, prenatal infections or endocrine disturbances in the mother, etc.

Hyperactivity, impulsivity, overt reactions to frustration and anxiety are common; however, withdrawal and passivity are also behavioral characteristics of some TMR children. A major cause of frustration and anxiety is parental expectations that exceed the child's capacity.

EDUCATIONAL TREATMENT

There is a trend toward educating TMR children in public schools, following court rulings about equal educational opportunities. However, in order to attend public school, these children must be able to get along in class, have a minimal ability to take care of themselves, and have at least some ability to communicate either by speech or gestures. (Most children over 6 years with I.Q.s of 30 and above qualify unless they are dangerous to themselves and/or others or engage in disruptive behavior.)(7)

Teachers of TMR students should have skills in art and crafts, musics, industrial arts, recreational games, homemaking, and have had training in early childhood development.

The curriculum includes self-help training: dressing and undressing properly, eating properly, taking care of bathroom needs, following sleep routines in order to become independent.

Social adjustment is taught through play, singing, structured games, dramatics, and working with others in order to develop language, learn to share and take turns, obey commands, follow instructions, and sense the feelings of others.

Economic usefulness is developed through classroom chores, cooking, setting the table, washing and wiping dishes, sewing, gardening -- all with a minimum of supervision.

Physical hygiene is stressed in discussions of care of teeth, cleanliness, posture and safety. Coloring, drawing, painting, cutting and pasting, woodwork, and simple arts and crafts projects help TMR children improve their motor skills.

The children are also taught the most fundamental reading and arithmetic skills: their own names; "protection" words and phrases; concepts of more, less, big, little; counting to 10; and vocabulary related to quantitative thinking. A few children are able to learn to read simple books and write numbers from 1 to 10 as well as tell time and understand a calendar. Some can also remember their own ages, telephone numbers, and can grasp simple money concepts.

The main goals of TMR education are self-care, self-protection, social adjustment in the home and neighborhood, and economic usefulness, performing routine tasks under supervision in the sheltered environment of the home or special community workshops.

Behavior modification as an educational approach has shown considerable effectiveness with TMR students. Such an approach structures a systematic manipulation of the environment, shaping behavior through positive rewards and reinforcers.

(1) Kirk, Samuel A., Educating Exceptional Children, Boston: Houghton Mifflin Company, 1962, p.221.

(2) Waite, Kathleen Barnette, The Trainable Mentally Retarded Child, Springfield, Illinois: Charles C. Thomas Publisher, 1972, p.6.

(3) Waite, pp.5-6.

(4) Stanford-Binet Intelligence Scale, Minnesota Preschool Scale, The Merrill Palmer Scale, TheIllinois Test of Psycholonguistic Abilities, Kuhlmann Tests of Mental Development. Kirk, p.228.

(5) Waite, p.5.

(6) Grossman, Dr. Herbert J., editor, Manual on Terminology and Classification in Mental Retardation (1973 Revision).

(7) Kirk, p.228.

PHYSICALLY HANDICAPPED (PH)
(INCLUDING SPEECH, HEARING, VISION, AND PHYSICAL DISORDERS)

DEFINITIONS

Speech Disorders are problems in the motor act of speaking, which cause speech to be unintelligible, conspicuous, or unpleasant. Disorders occur generally in the following areas: 1) speech disorders resulting from slow language development, 2) acquired brain damage (aphasia), 3) articulation disorders, 4) voice disorders, 5) disorders of rhythm (stuttering, cluttering), and 6) conditions resulting from multiple disorders, such as cleft palate, cerebral palsy, mental retardation, glandular irregularities, and hearing loss.

Hearing Losses which affect education occur when "a defect in one or more parts of the ear and its associated nerve pathways leading from the ear to the brain prevents the student from adequately hearing, perceiving, or attending to either faint speech, ordinary conversational speech, or loud speech."(1) Such impairment affects language development to varying degrees. Deafness denotes severe hearing loss at birth or before two to three years of age and most seriously affects language development, whereas partial hearing losses still enable children to have some language ability and pose less serious problems for educators.

Visual Disabilities refer to the physical loss of all or part of useful vision. Refractive errors constitute approximately one-half of all visual defects.(2) Instead of the light rays focusing directly on the membrane called the retina, they focus ahead of or behind the retina because of distortions in the size of one or both eyes, causing myopia (nearsightedness)or hyperopia (farsightedness) or astigmatism, as a result of irregularities in the curvature of the cornea lens). Other common visual defects are the result of abnormality in the muscles which control movements of the eyeball. When these muscles malfunction, the eyes may cross, one may slip toward the outer corner of the eye, or two images may be seen simultaneously instead of a single fused image. Total blindness may have been caused by prenatal influences, accidents and injuries, diseases , and tumors.

Physical Disabilities are of many types: 1) disorders of the nervous system (e.g. cerebral palsy, muscular dystrophy, epilepsy) in which there is a neuromuscular malfunction of the motor control center of the brain, 2) congenital malformations in the development of the fetus (clubfoot, hunched back, defects in the heart), 3) crippling and other conditions caused by injuries and diseases, and 4) respiratory problems, such as cystic fibrosis, asthma, and tuberculosis. The more severe disabilities tend to impair the students' functioning in a public school setting; therefore, these children receive treatment in special day schools, hospital classes, and programs for the homebound. However, many children with less limiting physical disabilities do attend regular classes with other children in public school.

BEHAVIORAL CHARACTERISTICS

Teachers should ve alert to these common signs and if the situation warrants, refer the student to the nurse or school doctor in accordance with school regulations.

Speech Disorders

1. Unintelligible speech
2. Poor articulation
3. Voice too high or low for age and size

Speech Disorders (cont.)

4. Voice too loud or soft
5. Unpleasant vocal quality
6. Stuttering
7. Speaking too fast
8. Shortness of breath while speaking
9. Obvious pain when speaking

Hearing Losses

1. Cupping hands behind ears when attempting to hear
2. Turning one side of the head toward a speaker to favor one ear
3. Unusual behavior in response to oral directions
   a) Inattentiveness (because the strain of listening caused the student to lose interest in what is being said)
   b) Obstinacy or apparent confusion (because the student does not hear clearly, and since he/she cannot tell what is expected of him/her refrains from making any response)
   c) Unacceptable responses or inappropriate responses fiven in eagerness to please
4. Inadequate ability to do school work (may hear only a part of teacher's instructions and class discussions)
5. Reluctance to participate in class activities (fear of failure because of not understanding)
6. Discipline problem in class because of attemps to overcompensate
7. Defective speech patterns, particularly for consonant sounds at beginnings and ends of words
8. Delayed language ability (3)

Visual Disabilities

1. Tilting head
2. Holding objects close to eyes
3. Rubbing eyes
4. Squinting
5. Displaying sensitivity to bright lights
6. Ignoring visual objects or avoiding visual tasks such as looking at pictures or reading
7. Showing awkwardness in games requiring eye-hand coordination
8. Preferring tasks that require close eye work
9. Avoiding tasks the require distance vision
10. Complaining about inability to see
11. Lacking normal curiosity in regard to visually appealing objects.(4)

Visual problems cause limitations on sensory input, and what sensory input a visually impaired student receives is different or restricted, producing lags in cognitive development. The visually impaired student compensates by relying on other senses: hearing, feeling, tasting, smelling. Spatial concepts, incidental learning, and verbal learning are frequently affected, as are abilities in tactual discrimination and in dealing with abstractions.

EDUCATIONAL TREATMENT

Basic procedures are described belwo. However, regardless of the type of disability a student has, the teacher should consult specialists for methods and materials appropriate to individual students.

EDUCATIONAL TREATMENT (CONT.)

Above all, attention must be given to creating an accepting atmosphere among the "normal" students and also amon the teaching staff. Attitudes are crucial. The total personality of the handicapped child must be seen and accepted,without focusing on the handicap.

Speech Disorders: The teacher should

1. Institute remediation programs, particularly those focusing on building self-confidence and language development besides supporting the efforts of a speech therapist.
2. Provide studnets with a variety of experiences and sensations in the development of concepts, vocabulary, and linguistic constructions.
3. Understand the problems of students who speak nonstandard English and differentiate between those students and others with speech disorders.
4. Speak distinctly at a normal rate to provide a model and be sure students understand what is said, especially directions.
5. Build upon the students' language strengths and provide opportunities for success in language production.

It is important to develop listening skills, helping students isolate sounds from whole words when appropriate, repeating sounds while noting rhythms of words for students; provide associations for sounds ("s" as is hisssssing), and facilitate sound discrimination by guiding students to compare and contrast correct and incorrect sounds.

Hearing Losses:

1. The student with impaired hearing listens with his eyes as well as his ears. Therefore, assign the student a seat not more than five or ten feet from teacher.

   O R

   Allow the student to find the seat most favorable for speech reading and hearing with efficiency and ease. Flexibility in seating arrangements, movable desks, and table and group arrangements all enable such students to observe and actively participate in class projects.
2. Ask the student an occasional question related to the subject under discussion to make certain that he/she is following the discussion and understanding it.
3. Encourage the student to ask to have statements repeated when he/she does not understand what has been said. If the student fails to understand what has been repeated, rephrase the question or statement.
4. Encourage the student to read ahead on a subject to be discussed in class.
5. Before discussing new material, place a list of words comprising the key vocabulary of the material on the chalkboard.
6. To help the student follow instructions accurately, write assignments on the board so that he/she can copy them in a notebook.
7. Encourage active interest and priticipation in expressional activities, such as reading, conversation, storytelling and creative dramatics.
8. Remember that a student with impaired hearing is fatigued more quickly than other students because of the continuous strain resulting from his/her efforts to keep up and compete in classroom activities.
9. As with other students haveing sensory defects, provide special attention to the student with impaired hearing, helping him/her to develop other senses.
10. Use visual aids to help hearing impaired students make the associations necessary for learning new things. (5)

Visual Disabilities

1. For pre-school children, the following areas may be developed by the regular classroom teacher: lnaguage, orientation and mobility, self-help skills, social and emotional development and physical development. (6)
2. For older visually impaired students, the curriculum, media, methods and materials can be adapted to provide opportunities for developing orientation and mobility skills, as well as skills for daily living.
3. Specialized equipment and materials, such as print reading with increased brightness, image size and contrast and various optical aids can also be used.
4. Listening skills should be taught as a means of obtaining information from the environment, often in conjunction with such devices as talking books.
5. In general, the teacher can provide many ways of stimulating the student's senses other than sight as avenues of coping with school and life.

Physical Disabilities:

1. In regular classrooms provide for physically handicapped students with ramps for wheelchairs, hand bars by drinking fountains and in restrooms, removal or modification of furniture, rubber mats over slippery floors, and other changes to facilitate the movement of the students.
2. Solve coordination problems by such means as taping paper to the desk, devising means of keeping pencils and crayons from rolling, and providing book holders or mechanical page turners.

(1) Dunn, Lloyd M., editor, Exceptinal Children in the Schools, New York: Holt, Rinehart and Winston, 1973, p.351-352.

(2) Kirk, Samuel A., Educating Exceptional Children, Second Edition, Boston: Houghton Mifflin Company, 1962, 1972, p.298.

(3) Dunn, P.375.

(4) Krik, P.295.

(5) Dunn, pp.398-399.

(6) Dunn, p.436.

EMOTIONALLY DISTURBED (ED)

DEFINITION

Children with severe behavior disorders which

1. deviate from age-appropriate behavior
2. are unacceptable to society
3. significantly interfere with the child's own growth and/or development and/or with the lives of others

are regarded as emotionally distrubed.(1) The actions of such children are self-destructive, retarding their own social, emotional and educational growth and are also harmful to those around them.

BEHAVIORAL CHARACTERISTICS

Three types of behavior disorders identified by Hewitt and Jenkins thirty years ago are still useful in recognizing patterns of maladjustment related to the home istuations of 1) the unsocialized aggressive child, 2) the socialized aggressive child, and 3) the overinhibited child.

Unsocialized aggressive children tend to come from broken homes where they received no love or attention in infancy and thus developed in attachments to anyone or any group. They defy all authority and feel hostile toward authority figures (including teachers). They engage in cruel, malicious and assaultive acts and feel little or no guilt for their behavior.

Socialized aggressive children are very much like unsocialized aggressive children in their attitudes and behavior. However, they differ in that they have received some attention from the mother (or mother figure) during infancy (but were later rejected), and they are likely to become involved in misdemeanors and crimes with some of their peers, usulaly as part of a neighborhood gang. These children receive recognition, approval, even admiration from these associates. Both types of aggressive children are generally unmanageable at home and create problems in school.

Overinhibited children suffer from personality problems. "Shy, timid, withdrawn, seclusive, sensitive and submissive," they seem unable to establish close relationships with anyone. They are easily depressed. Usually they are children with overprotective families at the higher socio-economic levels, whereas socially maladjusted children are more likely to come from families in the lower income brackets.

Emotionally disturbed children are characterized by inner tensions and anxieties which result from frustration. Some fo these children seek attention or revenge as they become disruptive in teh classroom. Others withdraw to protect themselves from further anxieties.

The ED child shows a limited ability in behavioral freedom, is limited in functioning effectively in learning or working with others, and may fall into one of the following patterns of behavior:

1. An inability to learn which cannot be adequately explained by intellectual, sensory, neurophysiological, or general health factors.
2. An inability to build or maintainsatisfactory interpersonal relationships with peers and teachers. (This factor refers to the ability to demonstrate sympathy and warmth towards others, the ability to stand alone when necessary,

BEHAVIORAL CHARACTERISTICS (CONT.)

the ability to have close friends, the ability to be aggressively constructive, and the ability to enjoy working and playing by oneself.) These abilities or the lack of them are most clearly visible to their peers.

3. Inappropriate or immature types of behavior or feelings under normal conditions.
4. A general pervasive mood of unhappiness or depression.
5. A tendency to develop physical symptoms, such as speech problems, pains or fears, associated with personal or school problems.

To sum up: the significant patterns of behavior in students indicating a need for closer scrutiny by a teacher are: inability to learn, unsatisfactory interpersonal relationships, inappropriate behavior, unhappiness, repetitive symptoms of illness after stress....(4)

The degree to which a student is exhibiting socially maladaptive behavior is the key to determining if he/she is emotionally disturbed. Only a complete ecological diagnosis (considering all factors in a studnet's environment) can pinpoint difficulties requiring specialized treatment. Such a diagnosis is best completed with the assistance of a psychologist. Although teacher identifications of emotionally disturbed children have correlated well with the ratings of clinicians, (5)(6) some teachers might tend to consider children emotionally disturbed who are merely high-spirited, non-conforming, extremely able or slow to learn.

EDUCATIONAL TREATMENT

Students diagnosed as emotionally distrubed who are not autistic or schizophrenic can profit greatly from public school attendance, especially from appropriate and satisfying relationships with teachers and peers. Often, parents must become involved in specialized treatment programs with their child. Respondent and oerant conditioning, or behavior modification, has been found effective in dealing with ED children in a classroom, but the role of human relationships is more important than simply extinguishing undesirable behaviors.

The classroom teacher should never attempt psychotherapy, but can pursue four goals which apply to all students, but more especially to ED children.(7)

1. The development of senitivity to the world around
2. The development of techniques and attitudes for learning by discovery
3. The development of cognitive power and intellectual mastery
4. The development of synthesis in learnign through symbolic expression

Understanding each studnet's needs, emotionally disturbed or not, and relating knowledge to those needs in a way in which the student can help himslef cope with the world is a universal goal of teaching.

Teaching Ed Children

1. Should consist of a structured, unitized pattern of learning which the student understands and which has definite limits.
2. May not eliminate a student's problems, but hsould never create or increase those problems because of the teacher's own reactions to the student.
3. Demands that regidity be avoided while the teacher focuses on each situation.
4. Requires the teacher to recognize the student's feelings and behave flexibly toward them without oversensitivity.
5. Should not lead the teacher to a "rescue syndrome" but should stress the role of manager in fostering student initiative and resourcefulness and

in channeling energies constructively while showing the student options of behavior.

6. Must never cause a student to feel "cornered."

Teacher patience and careful use of patterned situations over a long period of time are necessary, especially while the ED student is constantly testing the relationship. In cases of stubborn failure, diagnostic teaching for the purpose of truly individualizing instruction has been found useful. Materials designed by the teacher for particular pupils according to their interests is often essential, for academic deficiencies usually accompany emotional disturbance.

(1) Kirk, Samuel A., Educating Exceptional Children, Boston: Houghton Mifflin Company: 1962, 1972, p.389.

(2) Hewitt, L.E. and R.L. Jenkins, Fundamental Patterns of a Maladjustment: The Dynamics of Their Origin, Springfield, Illinois: State of Illinois, 1945.

(3) Kirk, p.391.

(4) Long, Nicholas, et.al., editors, Conflict in the Classroom, Belmont, California: Wadsworth Publishing Co., 1971, p.131.

(5) Ullmann, C.E., Identification of Maladjusted School Children, Public Health Monograph No.7, Washington, D.C.: Government Printing Office, 1952.

(6) Bower, E.M., Early Identification of Emotionally Handicapped Children in School, Springfield, Illinois: Charles C. Thomas Publisher, 1960.

(7) Long, p.327.

LEARNING DISABILITIES (LD)

DEFINITION

A relatively large but unidentified number of children (1) with different kinds of learning difficulties have long been the concern of both school personnel and parents, who were puzzled by the children's inability to function in certain areas while obviously normal in most other areas. These children did not seem to be mentally retarded, yet some could not learn to read. They were not deaf, yet some could not comprehend what they heard. For some, spatial relationships were beyond their grasp; for others, numbers concepts... All were so different in their variety of disabilities, yet so similar in the fact that though otherwise successful, they did have one or more definite limitations.

Eventually in 1968, the National Advisory Committee on Handicapped Children of the U.S. Office of Education proposed a definition describing these children, which was made part of the Congressional bill entitled, The Learning Disabilities Act of 1969:

> Children with special (specific) learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are primarily due to visual, hearing or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage.(2)

Because the causes of learning disabilities are often difficult to identify, time is not spent searching for the elusive but on changing the behavior.

BEHAVIORAL CHARACTERISTICS

Characteristics often associated with students who have LD include the following:

1. Perceptual-motor impairments
2. General orientation defects
3. Disorders of attention (e.g., short attention span)
4. Disorders of memory and thinking
5. Disorders of speech and hearing
6. Specific learning disabilities in reading, arithmetic, writing or spelling

Not all LD children have all or even most of the six listed, but there is some overlapping of difficulties.

Reading seems to be the most common problem area, and diagnostic tests such as Durrell's, Spache's and Monroe's are employed to assess school age children. Inappropriately low performance is the main clue...other clues being a lack of such skills as sound blending, visual closure, and retnetion of non-meaningful stimuli sequences.(3)

EDUCATIONAL TREATMENT

A systematic diagnosis of specific learning disabilities is necessary. It should be based on a number of different kinds of tests, observations, and study of environmental factors in each child's background. Obviously, the assistance of a diagnostic specialist is needed to supplement the teacher's information about the child.

EDUCATIONAL TREATMENT(CONT.)

For all children with learning disabilities, individualized instruction is imperative, frequently accompanied by these techniques:

* direct observation
* continuous measurement
* purposeful changes in environmental conditions

Individualized instruction involves initial assessment of academic behaviors, continuous assessment (daily) of target academic behaviors (to provide information as to needed changes in programming), the use of instructional cues, and reinforcement (reward) tactics.

One of the most frequent kinds of learning disabilities with which the school is concerned is reading.(4) Remedial reading methods that have been developed to help children include Grace Fernald's kinesthetic method. Designed in the early 1920s, this has withstood the test of time and has been especially beneficial with children who have visual perception problems. The child traces a word with his finger, saying it as he does so. Then he writes from memory and compares his word with the original word. Later he just looks at the word while saying it, then tries to write it from memory, and again compares his word with the model, repeating the procedure until he is successful. At a still later stage he writes the word without vocalizing it and finally moves on to generalizing and reading new words on the basis of previously learned words. Three important features are built into Fernald's system: focus of attention on the visual task, training visual sequential memory, and constant feedback.

For children with aduitory problems in reading, various phonics methods have been developed. Three well-known methods (Hegge, Kirk and Kirk's phonic-grapho-auditory-graphic) all stress the learning of single sounds with written symbols, blending them into words. All rely on auditory cues and emphasize the child's development of an independent method of word recognition.

Because there are so many different kinds of learning disabilities, no one remedy or procedure can be applied to all children in this group. What works for a child with a visual/auditory perception problem would be useless for another child who has an entirely different problem. However, in all remediation, regardless of the nature of the disability, Kirk advocates intensive training in the area of the disabilityrather than stressing stronger modalities and thus letting the weak area deteriorate even more. (5)

The classroom teacher may need aid from a highly trained itinerant teacher to work with one student at a time, developing plans for remedial instruction and checking to see which procedures are successful, or a learning specialist in a resource room where individuals or small groups of children can be sent for one or more class periods each day. If it is necessary for one teacher to work with the children in a self-contained classroom, Kirk suggests that only five to seven children be enrolled, (6) and that a diagnostic remedial teacher provide at least 30 minutes of remedial instruction on an individual basis, tutoring one child at a time. An alternative approach is for two teachers to work as a team in a larger class with one devoting time to individual instruction while the other conducts and supervises group work.

(1) Estimated at 1-3% (with as many as 7%) of the school population. Kirk, Samuel A., Educating Exceptional Children, Boston: Houghton Mifflin, 1972, p.
(2) Kirk, pp.43-44
(3) McCarthy, James and Joan F., Learning Disabilities, Boston: Allyn and Bacon,p
(4) Kirk, p.57. (5) Kirk, pp.55-56. (6) Kirk, p.68.

MINIMALLY BRAIN INJURED (MBI)

DEFINITION

As with all labels, caution should be used in applying MBI, especially since there is current confusion between the forms of brain injuries and the term learning disabilities. The similarity of treatment and education of children with MBI and those with learning disabilities has caused the merging of the two groups in many cases.

Minimal brain dysfunctions, as distinct from learning disabilities, may be defined as applying to students who are:

> of near average, average, or above average intelligence with learning and/or certain behavioral abnormalities ranging from mild to severe, which are associated with subtle deviant function of the central nervous system. These may be characterized by various combinations of deficit in perception, conceptualization, language, memory, and control of attention, impulse, or motor function.(1)

Strauss and Lehtinen have given this basic definition which, though broad, is useful:

> A brain-injured child is a child who before, during, or after birth has received an injury to or suffered an infection of the brain. As a result of such organic impairment, defects of the neuromotor system may be present or absent; however, such a child may show disturbances in perception, thinking, and emotional behavior...(which) impede or prevent a normal learning process...(2)

Factors which may produce brain dysfunction have been identified as arising from "genetic variations, biochemical irregularities, perinatal (that is, during or immediately preceeding birth) brain insults or other illness or injuries sustained during the years which are critical for development and maturation of the central nervous system, or from unknown causes."(3) From 1 to 2%, and probably many more, school-age children could be said to suffer from minimal brain dysfunction.

BEHAVIORAL CHARACTERISTICS

Dunn and others developed seven criteria for classifying a student as brain-injured, the last three biologically oriented, the first four behaviorally oriented:

1. Perceptual disorders -- such children, when viewing pictures, see parts instead of wholes and make ground-figure distortions.
2. Preservation -- they continue at an activity once started and have great difficulty in changing sets.
3. Thinking or conceptual disorders -- they organize materials and thoughts differently from most average individuals.
4. Behavioral disorders -- they display such characteristics as hyperactivity, as well as explosive, erratic and uninhibited behavior.
5. Slight neurological signs.
6. A history of a neurological impairment.
7. No history of mental retardation in the family.(4)

In observing students with learning disabilities, it is difficult to tell the difference between brain injury behaviors and neurosis, psychosis, and schizophrenia, because of common symptoms. However, careful diagnosis will produce

BEHAVIORAL CHARACTERISTICS (CONT.)

distinctions; for example neurotic children exhibit symptoms not found in the behavior of brain-injured children, such as tics, nail-biting, and anxieties.(5)

EDUCATIONAL TREATMENT

1. It is essential that for these children, distractions be controlled or eliminated. For example, the teacher should remove extraneous sounds and sights (including decorations).
2. The printed page should be masked so that only a small portion appears at one time.
3. Rooms should be spacious enough to hold a small group without crowding.
4. Motor activities are especially useful. All exercises should be simple, without detail, and have an appropriate rate of progress for each student.
5. Drill should be avoided, but repetition should be used to increase experiences of insight and analysis.
6. Rhythm and manual training are also recommended.
7. Speech training may be needed.(6)

(1) McCarthy, James J. and Joan F. McCarthy, Learning Disabilities, Boston: Allyn and Bacon, 1969, pp.4-5.

(2) Dunn, Lloyd M., editor, Exceptional Children in the Schools, New York: Holt, Rinehart, and Winston, 1973, p.53.

(3) Dunn, p.536.

(4) Dunn, p.534.

(5) McCarthy, p.33.

(6) McCarthy, pp.33-34.

GIFTED AND TALENTED

DEFINITION

Gifted and talented children are those, identified by professionally qualified persons, who by virtue of outstanding abilities are capable of high performance. These are children who require differentiated educational programs and/or services beyond those normally provided by the regular school program in order to realize their contribution to self and society. "High performance" might be manifested in any or a combination of these areas: (Office of Education, 1970)

1. General intellectual ability
2. Specific academic aptitude
3. Creative or productive thinking
4. Leadership ability
5. Visual and performing arts
6. Psychomotor ability

Using the above definition as a criterion, experts estimate that a minimum of 3 to 5 percent of the school population can be termed gifted and talented. In 1970 - 1971 the school population was 51.6 million therefore, about 1.5 to 2.5 million children could be classified as gifted and/or talented.

CHARACTERISTICS -- INTELLECTUALLY GIFTED

1. Learns rapidly and easily
2. Uses a lot of common sense and practical knowledge
3. Reasons things out, thinks clearly, recognizes relationships, comprehends meanings
4. Retains what he has heard or read without much rote drill
5. Knows about many things of which other children are unaware
6. Can read books that are one to two (or more) years in advance of the class
7. Uses a large number of words easily and accurately
8. Performs difficult mental tasks
9. Asks many questions, is interested in a wide range of things
10. Does academic work that is one to two (or more) years in advance of the class.
11. Is original (creative) uses good but unusual methods or ideas
12. Is alert, keenly observant, responds quickly
13. Usually scores high on standardized, and teacher made tests (I.Q. achievement)

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CHARACTERISTICS -- GIFTED IN A SPECIFIC ACADEMIC AREA

1. Academic work in a particular subject or subjects is one or more years in advance in his class.
2. Asks penetrating questions about this area. Wants to know the causes and reasons
3. Is willing to spend time beyond the usual assignments
4. Spends much time on special projects of his own
5. Has wide range of interests but usually concentrates in one area

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CHARACTERISTICS -- CREATIVELY GIFTED

1. Displays a great deal of curiosity about many things; is constantly asking questions about anything and everything.

2. Generates a large number of ideas or solutions to problems and questions; often offers unusual ("way out"), unique, clever responses

3. Is uninhibited in expressions of opinion; is sometimes radical and spirited in disagreement; is tenacious.

4. Is a high risk taker, is adventurous and speculative

5. Is nonconforming; accepts disorder; is not interested in details; is individualistic; does not fear being different

6. Criticizes constructively; is unwilling to accept authoritarian pronouncements without critical examination.

7. Displays a good deal of intellectual playfulness; fantasizes; imagines ("I wonder what would happen if - - -"); is often concerned with adapting, improving, and modifying institutions, objects and systems.

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CHARACTERISTICS -- LEADERSHIP ABILITIES (GIFTED)

1. Is liked and respected by most of his classmates and other peers
2. Is able to influence others toward desirable goals
3. Is able to influence others to work toward undesirable goals
4. Can take charge of a group
5. Can judge the abilities of other children and find a suitable place for them in group activities
6. Is able to find out what is wrong with an activity and show others how to do it better.
7. Is often asked for ideas and suggestions
8. Is looked to by others when something has to be done or has to be decided
9. Seems to sense what others want and helps them to accomplish it
10. Is a leader in several kinds of activities
11. Enters into things with contagious enthusiasm
12. Is elected to offices

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Endicott, Frank S. Guiding Superior and Talented Students. Chicago, Illinois: Science Research Associates, Inc., 1961.

CHARACTERISTICS -- HIGH PSYCHOMOTOR ABILITIES (GIFTED)

Mechanical Skills

1. Does good work on craft projects
2. Has limber fingers, can manipulate toys and tools easily
3. Is interested in mechanical gadgets and machines
4. Has a hobby involving mechanical devices such as radios, model trains, or construction sets
5. Can repair gadgets, can put together mechanical things
6. Comprehends mechanical problems, puzzles, and trick questions
7. Likes to draw plans and make sketches of mechanical objects
8. Reads Popular Mechanics or other magazines or books on mechanical subjects

Physical Skills

1. Is energetic and seems to need considerable exercise to stay happy
2. Enjoys participating in highly competitive games
3. Is consistently outstanding in many kinds of competitive games
4. Runs fast
5. Is one of the best coordinated children in the class
6. Likes outdoor sports, hiking, camping
7. Is willing to spend much time practicing physical activities such as basketball, football, tennis, etc.

CHARACTERISTICS -- GIFTED IN VISUAL AND PERFORMING ARTS

Artistic Talent

1. Draws a variety of things
2. Puts depth into pictures, plans pictures, uses good proportion
3. Takes art work seriously - seems to find much satisfaction in it
4. Shows originality - draws things in ways no other children do
5. Is willing to try out new materials and experiences
6. Fills extra time with drawing and painting activities
7. Uses art to express his own experiences, his own feelings
8. Is interested in other people's art work. Can appreciate, criticize, and learn from others' work
9. Likes to model with clay, carve soap, or work with other forms of three dimensional art. Likes art of many forms ---.

Dramatic Talent

1. Readily shifts into the role of another character, animal or object
2. Shows interest in dramatic activity
3. Uses voice to reflect changes of idea and mood
4. Understands and portrays the conflict in the situation when given the opportunity to act out a dramatic event
5. Communicates feeling by means of facial expression, gestures and movements
6. Enjoys evoking emotional responses from listeners
7. Shows unusual ability to dramatize feelings and experiences
8. Moves a dramatic situation to a climax and brings it to a well timed conclusion when telling a story
9. Gets a good deal of satisfaction and happiness from play-acting or dramatizing.
10. Writes oiginal plays or makes up plays from stories
11. Can imitate others; mimics people and animals

Musical Talent

1. Responds more than others to rhythm and melody, sings well, puts verve and vigor into his music
2. Interested in music, listens to records of many artists, likes different kinds of music.
3. Enjoys music participation; uses music for expression of feelings
4. Makes up original tunes
5. Plays one or more musical instruments well

Creative Writing Talent

1. Can develop a story from its beginning, through the build-up and climax to an interesting conclusion
2. Gives a refreshing twist, even to old ideas
3. Uses only necessary details in storytelling
4. Keeps the ideas organized within the story
5. Chooses descriptive words that show perception
6. Includes important details that other children miss and still get across the central idea
7. Enjoys writing stories and poems
8. Makes the characters seem lifelike -- captures the feeling of his characters in writing

EDUCATIONAL TREATMENT

Lowenfeld, Viktor and Brittain, W. Lambert. Creative and Mental Growth. 6th Ed., New York: Macmillan Publishing Co., Inc., 1975.

Ritson, John E. and Smith, James A. Creative Teaching of Art in the Elementary School. Boston: Allyn and Bacon, Inc., 1975.

STEREOTYPES AND EXPECTATIONS

Objective 9: To describe the ways in which expectations and stereotypes affect responses, learning and relationships

Activity 1 30 minutes

TASK DIRECTIONS

Read the following article"Communication of Self-Fulfilling Phrophecies" (p.43-45, Participant's Manual)

After you have read it, work with your small group members on the practice exercises below. Determine which situations are examples of the concept of self-fulfilling prophecy. To be an example of a self-fulfilling prophecy it should contain the following three elements:

1. A person expects that another individual will perform a certain way. For example, a teacher expects that a student cannot answer in front of the classroom without being embarrassed.

2. The person treats the individual on the basis of this expectation. For example, the teacher does not call upon the child to answer questions in front of the class.

3. The individual, treated in a consistent manner, may learn to behave as expected. For example, the student who is never called upon learns not to raise his hand and becomes inattentive; thus, when called upon, he is apt to be embarrassed ahd have great difficulty responding.

Label each situation as to whether it is an example of a self-fulfilling prophecy. If it is, you should be able to identify: 1) an original expectation; 2) behaviors which consistently communicate that expectation in ways that make it likely to be fulfilled; and 3) behaviors which confirm or match the original expectation.

I. Coach Win, realizing that Thumper Brown is the son of a former All-American football player, proclaims, before ever seeing Thumper carry the ball, "That boy will help our high school team in his sophomore year." Win treats Thumper like all the other players. He lets Thumper carry the ball in practice, the same number of times as the other runners, and praises him only when he deserves it. Thumper earns a starting position and becomes an all-star in his sophomore year.

II. Mrs. Miller is giving directions to John Green, a child who is frequently in trouble. Mrs. Miller has no confidence in John's dependability, so she gives him detailed instructions: "John, I want you to take this note to Mrs. Tucker, whose room is at the end of the hall, across from the fire drill exit. This is a big responsibility. Don't make noise in the hall. Don't stop at other classrooms. And, above all, don't go outside." John listens with a pained look and then asks, "Mrs. Miller, don't you trust me?"

III. Dean Adams counsels a few students in addition to carrying out his normal administrative duties, He does this because he is really interested in current student problems and it is an opportunity to stay in tune with student life. In September, he begins to counsel Tom Bloom. Tom, the dean knows, will probably flunk out of school. His entrance scores and

writing skills are poor. His social skills are also low, making it unlikely that Tom will get to know his instructors and receive special help from them. The dean urges Tom to enroll in the reading clinic and to devote time on Saturdays to his studies. In addition, he has Tom report to the academic counseling office once a week and to his own office every third week. Tom realizes that the dean expects to have academic trouble unless he works hard. He begins to work as hard as he can. In January, the grade slips are mailed and Tom discovers he has earned a B average. He is pleased and relieved.

IV. Mrs. Granie knew that Bill Burton would be a problem. She had had his older brother the year before, and he was uncontrollable. Mrs. Granie tries to help Bill keep out of trouble by placing him alone at a table away from the other third-grade students. Before long, Bill begins to throw objects to attract the attention of the other children.

COMMUNICATION OF SELF-FULFILLING PROPHECIES*

Pygmalion in the Classroom

Recent interest in studying teacher expectations began with the book Pygmalion in the Classroom by Robert Rosenthal and Lenore Jacobson (1968), which describes the famous study in which Rosenthal and Jacobson gave a general achievement test to grammar school children but told their teachers that the test would identify "late bloomers" who would show unusually high achievement gains during the next school year. The test, of course, was simply a general achievement test; there is no such thing as a test that predicts late intellectual blooming. Some children in each class, picked at radnom, were specified as "late bloomers". There was no reason to expect these children to show greater achievement gains than their classmates. However, Rosenthal and Jacobson reported that the children specified as "late bloomers", especially those in the first two grades, did show unusually large gains during the school year. Rosenthal and Jacobson attribute these gains to self-fulfilling prophecy effects of teacher expectations: the teachers expected greater gains from these children and somehow treated them in ways to cause them to make greater gains than they would have made otherwise.

Unfortunately, popular accounts of Pygmalion in the Classroom have often been misleading. Some seem to imply that the mere existence of an expectation automatically and mysteriously guarantees its fulfillment: "If you make a prediction, it will come true." Most teachers rightfully recognize this interpretation as utter nonsense and reject it. Unfortunately this rejection sometimes causes them to reject the self-fulfilling prophecy concept totally. A more complete and accurate explanation of how the process works is required.

Let us state very clearly, that when we say teacher' expectations can act as self-fulfilling prophecies we do not mean that any expectation will automatically come true or that teachers' expectations affect students through magic ESP, or any other mysterious process. We do mean that teachers' expectations can affect their own behavior, and that this behavior will, in turn, affect the children. It is the teacher's behavior that affects the children, and this behavior is determined in part by expectations. For example, people respond warmly to a friendly person because he puts them at ease and treats them warmly, not simply because he expects them to be warm. Similarly, people are wary of a suspicious man because his behavior makes them nervous, not simply because he expects them to be wary. It is in this sense that teachers' expectations can act as self-fulfilling prophecies in the classroom. Teachers with appropriate expectations about themselves and their children will tend to treat the children in ways that will help them achieve desired goals. Teachers with inappropriate expectations will tend to behave in ways thay may interfere with progress toward desired goals.

Two Research Studies

Relationships between expectations and behavior are illustrated in examples taken from two research projects which studied the effects of teachers' expectations on their teaching behavior.

Beez Study

The Beez study (1968) used teachers enrolled in a summer graduate education course to tutor children from a summer Head Start program. Each tutor was

* Excerpted from: "Inservice Manual, Volume 1," in Teacher Expectations. Bilingual Kindergarten Program, Southwest Educational Development Laboratory. Austin, Texas: National Educational Laboratory Publishers, Inc. 1974, pp.7-11.

Beez Study (Cont.)

required to spend ten minutes teaching a child to recognize words printed on signs. There were twenty signs with a word printed on each. The tutors were told to teach as many of the signs as they could during the ten minutes, using any methods they preferred.

Before they met the children, half the tutors were told that their children were culturally disadvantaged and would probably have a difficult time adjusting to school. The other half were told that test data on their children suggested they would do well in school, even though they came from disadvantaged homes. All children, in fact, had similar educational backgrounds; the records were falsified by Beez to create high or low expectations in the tutors.

This study showed that the differences in the information given the tutors led to dramatic differences in their teaching behaviors. The tutors with high expectations tried to teach an average of 10.4 of the 20 signs while those with low expectations averaged only 5.7. Eight or more signs were taught by 87% of the high expectation tutors while only 13% of the low-expectation tutors tried to teach that many. Also, the tutors who had high expectations were significantly more positive than the tutors with low expectations when, after teaching, they rated their children on achievement, social competence, and intellectual ability. The tutors were also questioned about the difficulty level of the material. Only one of the 30 high-expectation tutors felt that the sign-learning task was too difficult for the children. In sharp contrast, 19 of the 30 low-expectation tutors (63%) said that the task was too hard for the children to handle.

The Beez study shows that contrasting teacher expectations can lead to contrasting teacher behavior. However, it involved an unusual teaching situation in which the contact between the teacher and the child was limited to a single short session. Furthermore, like the Rosenthal and Jacobson study, it created the teacher's expectations by providing them with false information.

Brophy and Good Study

Is there any reason to believe that self-fulfilling prophecies affect the everyday teaching behavior of normal teachers working under normal conditions? A study by Brophy and Good (1970) shows that expectations do indeed affect every day teaching behavior in classrooms. This study was carried out in four first-grade classrooms during the second semester of the year, after the teachers had had time to get to know their children well. No attempt was made to influence the teachers' expectations; instead, the teachers were asked to simply rank the children in their class in order of achievement. The teachers' list were used to select three boys and three girls low on the lists (low-expectation group, or lows) for special observation. Observations were then made in each classroom to see if the teachers treated the highs and lows differently in ways that were predictable and based on the self-fulfilling prophecy concept. Would the teachers treat the highs in ways that helped them achieve? Would they treat the lows in ways that hindered their achievement?

The findings were quite clear: differential treatment of the two groups consistent with the self-fulfilling prophecy concept was observed in all four classrooms. Many differences were observed between the highs and lows when children were reading aloud in the reading group or were trying to answer teacher questions. In both these situations, the teacher tended to treat the two groups differently when they were "stuck" or when they gave a wrong answer. When dealing with highs, the teachers tended to respond by repeating the question,

Brophy and Good Study (Cont.)

rephrasing the question, giving a clue, or asking another question. Each of these reactions involves working with the child and giving him a second chance to respond to the same question or a related one. The teachers' behavior in similar situations with the lows was quite different. Here, instead of working with the child and helping him to make a response, the teachers tended to give the answer or to call on someone else, thereby ending the interaction.

Striking differences also occurred in the teachers' evaluations of the children's responses. The highs, who gave many more right answers and fewer wrong answers than the lows, were twice as likely to be praised after a correct response and only one-third as likely to be criticized when they failed. In this way the teachers tended to praise the children who least needed praise and to criticize the children who most needed encouragement. There was also a clear difference in the numbers of times that teachers failed to make any kind of response when a child answered a question. This absence of teacher response occurred in only 3% of the interactions involving the highs, while teachers failed to make any kind of response following 15% of the answers of the lows.

These findings may be summed up by saying that the teachers worked to elicit good performance from highs and were more likely to priase good performance when it appeared. They usually did not persist in trying to elicit good performance with the lows, and they failed to praise the lows' good performance when it did appear. They expected, demanded, and reinforced good performance from the highs; they gave up easily with the lows.

Effects of Inappropriate Expectations

These two studies show the double-edged effect of teacher behavior flowing from inappropriate expectations. Such behavior interferes with progress in two ways. First, it limits the amount that the child can learn. Children from whom teachers have low expectations tend to learn less, partly because the teachers simply do not try to teach them as much, partly because the teachers give up much more quickly when they encounter problems. Overgeneralizing from a few experiences, these teachers decide that the lows are not capable of learning, so they end up teaching them much less than they could learn if taught appropriately.

Second, low teacher expectations not only reduce the amount the child learns; they also erode his motivation. The findings on praise and criticism in the Brophy and Good study violate both common sense and expert opinion about good teaching. On a simple frequency count we would expect the highs to get more praise and less criticism than the lows because of the highs' more frequent successes and less frequent failures. However, this difference should not hold up when praise and criticism frequencies are adjusted to take into account student successes and failures. We would certainly expect teachers to be especially alert for chances to encourage the lows by praising their successes and be slow to criticize them. Yet the lows were praised only half as often as the highs when they succeeded, and were criticized three times as often when they failed, even though they succeeded less often and failed more often.

None of this was deliberate. The teachers were surprised and upset when told of these results. They had thought that they were doing their best to encourage low achieving children, and yet they were doing the opposite. They were treating the highs in ways likely to make them enjoy school and to come to the teacher for help and comments on their work. At the same time, they were treating the lows in ways likely to alienate them and cause them to avoid the teacher as much

as possible. They were much more likely to praise and help the highs, and much more likely to ignore or criticize the lows. It is not surprising, then, that the highs in this study sought out the teacher to discuss their classwork about five times as often as the lows.

This sad state of affairs was probably the end result of a gradual, year-long process. It is likely that early problems with the lows gradually eroded the teachers' confidence in their own ability to teach them, leading eventually to the attitude that these children could not learn like the others. As this attitude became more firmly established, failure expectations also became more firmly established. Gradually things got to the point that the teachers "knew" ahead of time that certain children would not learn the lesson. At this point the teachers no longer expected to teach the lows in the sense of working with them until they mastered the material. Instead, they unconsciously abandoned serious teaching efforts and began to go through the motions of teaching half-heartedly, just doing enough to reassure themselves that the children could not learn. With this kind of attitude toward the lows, they were naturally more tuned to evidence of failure than success. (Recall that we are much more likely to see what we expect to find than what we don't expect to find.) Consequently, chances to encourage the children and to stimulate new learning were missed, and attention was focused on failures. Eventually this situation stabilized, so that the teachers were acting in an appropriate role toward the low expectation children. With these children, they were no longer functioning as encouraging teachers but instead were acting as critics. Instead of reacting to failure by trying to diagnose the problem and eliminate through reteaching, the teachers were simply labeling it and criticizing the child for it.

ANSWER KEYS

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DATA RETRIEVAL GRID

Objective 4, Activity 1

	Resource	Diagnostic	Consulting
Special Educator 1) Role	Works directly with special student on special learning needs. Works with regular teacher to implement education plan.	Works directly with students to gain diagnostic information.	Works directly with teachers in consultant role, does not work with students.
2) Space Requirements	Needs room of his/her own.	Needs diagnostic room.	May serve several schools, operates out of office, has no classroom responsibility.
3) Materials/Equipment	May share equipment/materials but probably needs own.	Needs diagnostic materials.	Uses regular classroom teachers, may suggest others.
Regular Educator 1) Role	Maintains special students in classroom, responsible in cooperation with special ed for student's learning.	Maintains special students in regular classroom. Implements educational plan, refers student to diagnostic room.	Responsible for student's acquisition of concepts/skills. Receives consultant assistance in areas of individualizing classroom management, etc.
2) Type of assistance from special teacher	Knowledge of handicapped students, diagnostic/prescriptive teaching skills, test interpretation, special education materials, matching strategies with learning styles, educational planning, etc.	Maintains special student in regular classroom. Implements educational plan, refers student to diagnostic room.	Responsible for student's acquisition of concepts/skills. Receives consultant assistance in areas of individualizing classroom management, etc.
Special Students 1) Number served	Several students, each a short period each day.	Works with many students for a period of time, not continuously.	Assist many students through their teachers.
2) Scheduling	Spend part of day in resource room.	Spend all day in diagnostic room until learning needs determined.	Students in regular classroom all the time.
3) Referral	By classroom teachers or other professional.	Spend all day in diagnostic room until learning needs determined.	Students in regular classroom all the time.
Special Considerations	Coordinate regular/resource room programs. Determine strategies that reinforce each other. Share activities that each are doing.	Explain and discuss prescription. Determine effectiveness of diagnosis, plan strategies for implementing educational plans.	Explain and demonstrate techniques for meeting educational needs of special student. Assistance and advice for strategies, materials, etc.

Obective 6, Activity 2

CATEGORY GRID KEY

	Definition of Term	Identifying Behavioral Characteristics	Educational Treatment Modes/Procedures
LD	Exhibit disorder in one or more of the basic spychological processes involved in understanding or in using spoken or written language.	Perceptual motor impairments, general orientation defects, disorders of attention, memory, thinking, speech or hearing, specific learning disabilities in reading, math, writing, spelling.	No one procedure can be applied to all groups. Train in area of disability, continually assess to determine academic behaviors, then respond to individual student.
TMR	Capable of caring for own personal needs, but not living on his own. Severity of retardation ranges from moderate to severe. As adults range from 3.5-7.5 years old in mental age. Adaptive Behavior plays important role. See article	Motor and language development falls below normal limits. Hyperactivity, impulsivity, overt reactions to frustration and anxiety.	Main goals are self-care, self-protection, social adjustment, economic usefulness. Teachers should have skills in arts, crafts, music, industrial arts, recreational games, homemaking, and have training in early childhood development. See article.
EMR	Have difficulty in school because they develop intellectually at only about one-half to three-quarters the rate of average children (I.Q. 50-75)	Social-emotional adjustment problems, mature slowly, poor social judgment, immature behavior. Delay in visual perception, eye-hand coordination development.	Curriculum which focuses on practical goals to assist student in dealing with life situations in concrete terms Small quantities of instruction, variety of approaches, frequent review and reinforcement, emphasize stronger learning modality, provide frequent feedback to assure and encourage.
MBI	Children who before, during or after birth has received an injury to or suffered an infection of the brain. As a result child may have problems in perception, thinking and emotional behavior.	Perceptual disroders, preservation, thinking or conceptual disorders, behavior disorders, history of neurological impairments or signs, no history of mental retardation in family.	Eliminate distractions, mask most of printed page, spacious rooms, motor activities, rhythm and manual training speech training, avoid drill.
ED	Have behaviors which deviate from age-appropriate behavior, are unacceptable to society, significantly interfere with student's growth/development and/or with lives of others.	Inability to learn which cannot be explained by other factors, inability to build or maintain satisfactory interpersonal realtionships, inappropriate types of behavior under normal conditions, general mood of unhappiness or depression, tendency to develop physical systems (speech pains, fears)	Understanding and relating to student's needs, consistent pattern of learning, rigidity be avoided, behave flexibly toward feelings without over-sensitivity, never cause student to feel "cornered".

CATEGORY GRID KEY (CONT.)

	Definition of Term	Identifying Behavioral Characteristics	Educational Treatment Modes/Procedures
PH	Speech: Speech disorders are problems in the motor act of speaking, causing the speech to be unintelligible. Hearing: defect in one or more parts of the ear, prevents student from hearing Visual: physical loss of useful vision. Physical Disability: nervous system, congenital malformations, crippling from disease, respiratory problems	Speech: unintelligible speech or too fast; poor articulation, voice too high or too low; too loud or too soft; unpleasant; stuttering; shortness of breath. Hearing: cupping hands or favoring bad ear, inattentiveness/confusion, will not participate, or do school work, discipline problem Visual: tilting head, squinting, rubbing eyes, ignoring and avoiding visual stimuli, awkward eye-hand coordination, complaining about being able to see, prefers tasks that require close vision.	See specifics from article. Generally should consult specialist, create an accepting atmosphere among "normal" students -- look at total individual, not just handicap.
G & T	Capable of high performances in one or more areas.	General intellectual ability, specific academic aptitude, creative or productive thinking, leadership, visual & performing arts, psychomotor ability.	See bibliography from article. No one procedure can be applied to all groups. Differentiated educational programs beyond those normally provided by the regular school program in areas of the student's competencies.